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Artist JOSEPH PAUL SZEGHY (Please print plainly)

Telephone No. GA. 8182 Address 2191 CUMMINGTON RD. 6

Zone No. _____

Please Enclose Registration Fee of \$2.00 (Check or Money Order) With Entry Blank

<small>DO NOT WRITE IN THESE COLUMNS</small>	<small>CLASS</small>	TITLE (PRINT PLAINLY)	<small>EDITIONS AND NUMBER FOR SALE</small>	PRICE
365 R ✓	8	ILE ST. LOUIS - PARIS	1	35.00
366 K ✓	8	QUAI DE BOURBON - PARIS	1	35.00
367 R ✓	8	BUTCHER SHOP - CHARTRES	1	35.00
368 R ✓	8	CHARTRES, FRANCE	1	35.00
27 A ✓	✓	BRIDGES - PARIS	1	40.00
28 R ✓	1	VILLEFRANCHE - FRANCE	1	50.00
369 A ✓	1	STREET CORNER, PARIS	1	50.00
Permission to print prices on labels granted unless declined here				

Entry blanks must be filled out and returned to the Museum on or before April 5, those postmarked later than April 5 will not be accepted.

Entries must be delivered at the Museum between 9 A.M. and 5 P.M. from April 9 to April 16 (except Sunday).

LIST OF CLASSES ON BACK